

SUBSCRIPTION ORDER FORM—THIS FORM IS VALID FOR SUBSCRIBERS ONLY

SELECT YOUR SEATING LOCATION WITH # OF SUBSCRIBERS AND TICKETS

Subscriptions to Broadway Series: <i>The Wizard of Oz, Legally Blonde, A Chorus Line, Riverdance, Disney's Beauty and the Beast</i>		Special Subscriber Discounts for Add-On Shows				SUBTOTAL
Location	Quantity of seats	A Christmas Carol		Cirque Dreams Illumination		
		Adult tickets	Student tickets	Number of tickets		
Golden Circle/Loge	× \$329	+	× \$43.25	× \$24	× \$53.00	=
Rear Orchestra	× \$279	+	× \$36.25	× \$20	× \$44.00	=
Lower Balcony	× \$279	+	× \$36.25	× \$20	× \$44.00	=
Mid Balcony	× \$229	+	× \$29.00	× \$16	× \$35.00	=
Upper Balcony	× \$174	+	× \$23.50	× \$13	× \$25.40	=
TOTAL						
10% Group Discount (Groups 15+): 15% Group Discount (Groups 50+)						Gift Certificate (____ Quantity x _____ Amount) =
Call 508.471.1780 to discuss group pricing.						Optional Donation to The Hanover Theatre Annual Fund
Subscribers pay the reduced rate of \$800 instead of \$1,000 to become a Franklin Square Society member.						Optional Franklin Square Society discounted membership
TOTAL OF ORDER						

SELECT DAY AND TIME FOR SUBSCRIPTION SERIES

- Fri Evening 8pm Sat Matinee 2pm Sat Evening 8pm
 Sun Matinee 1pm (New Sunday matinee subscription seats available!)

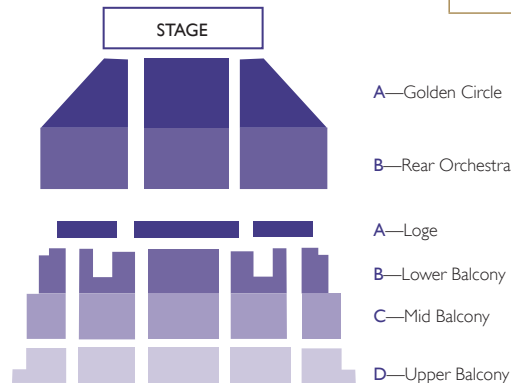
SELECT DAY AND TIME FOR A CHRISTMAS CAROL

- Fri Evening 7:30pm Sat Matinee 2pm Sat Evening 7:30pm
 Sun Matinee 1pm Sun Evening 6pm

SELECT DAY AND TIME FOR CIRQUE DREAMS ILLUMINATION

- Thurs Evening 7pm Fri Evening 7pm

PAYMENT INFORMATION



Name _____

Address _____ City _____ State _____ Zip Code _____

E-mail Address _____ Phone (Day) _____ Phone (Evening) _____

Check payable to **The Hanover Theatre** Check # _____ Please charge my: Visa MC Disc AMEX

Credit card choose to pay in full or payment plan:

- Pay in full
 Payment plans available for Broadway Series subscribers
 Make 3 equal payments; must be made by credit card
- 1st payment due upon receipt to reserve subscription seat(s)
 - 2nd payment due 7/6/09
 - 3rd payment due 8/3/09

Card # _____ Exp Date _____ CVV _____

Signature _____

Please mail completed form with payment to:

The Hanover Theatre
2 Southbridge Street
Worcester, MA 01608